

Mobility Transportation Services, LLC

Application Instructions

Driver – Non-Emergency Medical Transportation

Type of work preferred:

- Full Time (40 hours/week)
- Part Time (Less than 40 hours/week)

Attach the following required documents behind this cover sheet:

- Employment application (please fill-out completely, even if attaching a resume.)
- Letters of recommendation, resume, applicable certificates, rewards, etc.
- Please provide front and back copy of your driver's license. (Applicants must possess a Utah driver's license at the time of hire.)
- Please provide a copy of your Criminal History Record. (Dept. of Public Safety, address below)
- A copy of your driving record "MVR" (Can be obtained through the Division of Motor Vehicles for around \$6.00. Or you can go on-line at obtain a copy for \$9.00 (Website listed below.)

<https://secure.utah.gov/mvr-personal/public/index.html>

Division of Motor Vehicles Office

Dept. of Public Safety

**West Valley Office
(West Valley, Utah)**

**South Valley Office
(Draper, Utah)**

**Dept. Of Public Safety
(West Jordan, Utah)**

2780 West 4700 South
Salt Lake City, Utah 84129-2122
Call Center: 801-965-4437
Fax: 801-967-7754
Hours: Monday - Friday
7:00am to 6:00pm

14555 S Minuteman Dr.
Draper, Utah 84020
Call Center: 801-965-4437
Fax: 801-816-2630
Hours: Monday-Friday
7:00am to 6:00pm

Bureau of Criminal Identification
3888 West 5400 South SLC, UT 84129
Salt Lake City, UT 84129
(801) 965-4445
www.bci.utah.gov

"MTS will not accept applications that have more than one moving traffic violation or alcohol related incidents on MVR record."

Incomplete applications will not be accepted. Please do not return your application until all paperwork is attached.

Once a complete application is submitted it will be reviewed and processed. We will proceed to call you for an interview depending on when openings occur or are anticipated.

Applicants who are considered for employment will then be required to pass a physical examination by Department of Transportation (ICC/DOT), drug test, and complete an I-9 form (eligibility to work in the United States), A ten year background check by Salt Lake Ground/ Airport Auth. You will also be required to have base-line blood test and TB skin test before employment to determine any presence of HIV, TB, or Hepatitis or any other contagious of communicable diseases.

We are a drug-free company and our employees are subject to random drug testing.

By signing below you agree to this policy if hired by Mobility Transportation Services, LLC

Signature: _____ Date ____/____/____



Mobility Transportation Services

MOBILITY TRANSPORTATION SERVICES, LLC
9130 S. STATE STREET, SUITE 150
SANDY, UTAH 84070
Tel: 801-266-5060 Fax: 801-303`9189

EMAIL: info@mobilitytransportation.org
WEB: www.mobilitydispatch.com

Please Print Clearly APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for without regard to veteran status, Uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For: _____ (List only one)

Name First: _____ M.I.: _____ Last: _____

Telephone Number: (____) ____-____ Alternate or Cellular Number (____) ____-____

Current Address: _____

City: _____ State: _____ Zip: _____

How long have you lived there: ____/____ (Years/Months)

Email Address: _____

Type of Employment Desired: Full-Time Part Time

Date on which you can start if hired: ____/____ (Day/Month)

Have you previously applied for employment with MTS: Yes No

If Yes, when and for what position did you apply: _____

Have you ever been employed by MTS: Yes No If Yes, provide dates of employment and reason for separation from employment: _____

Have you ever plead no contest, nolo contendere, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime (do not include convictions that were sealed, eradicated, erased, annulled, or expunged): Yes No

Have you ever plead no contest, nolo contendere, or guilty to a felony crime, or been convicted of a felony crime (do not include convictions that were sealed, eradicated, erased, annulled, or expunged):

Yes No

If Yes to either of the preceding questions, please give dates and details for each incident: _____

NOTE: Answering "Yes" to either of the preceding questions does not constitute an automatic bar to employment. MTS will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employments references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace: Yes No

If Yes, please provide the date(s) and explain so the individual circumstances can be considered (a Yes answer will not necessarily disqualify you from employment):

List all special technical skills that you feel qualify you for the job for which you are applying:

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./ Post College					

Honors Received: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Work Experience

Please list the names of your present and/or previous employers in chronological order with the present or most recent employed listed first. Provide information for the most recent ten (10) year period. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to comply with each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact: Yes No

If No, why not: _____

Starting Wage: _____ Final Wage: _____ Reason for Leaving: _____

What will the employer say was the reason for your employment termination:

How much notice did you give when resigning (if none, explain): _____

Employer

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact: Yes No

If No, why not: _____

Starting Wage: _____ Final Wage: _____ Reason for Leaving: _____

What will the employer say was the reason for your employment termination.

How much notice did you give when resigning (if none, explain): _____

Employer

Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact: Yes No

If No, why not: _____

Starting Wage: _____ Final Wage: _____ Reason for Leaving: _____

What will the employer say was the reason for your employment termination.

_____How much notice did you give when resigning (if none, explain): _____
_____Have you ever been terminated or asked to resign from any job: Yes No Has your employment ever been terminated by mutual agreement: Yes No Have you ever been given the choice to resign rather than be terminated: Yes No If you answered **Yes** to any of the above three (3) questions, please list how many times for each, and the circumstances of each occasions: _____
_____**References**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship	Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	Years Known

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license in the state of Utah.

I understand that Mobility Transportation Services ("MTS") is a drug-free workplace and reserves the right to drug and/or alcohol test at any time as is consistent with applicable federal, state, and local law. I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with federal, state, and local law. I also understand that all employees of the location, pursuant to MTS' policy, and federal, state, and local law, may be subject to urinalysis, blood screening, and/or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with MTS' policies and applicable federal, state, and local law.

If employed by MTS, I understand and agree that the MTS, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents that I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, MTS OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize MTS or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable, I will receive separate written notification regarding MTS' intent to obtain "consumer reports."

I authorize and consent to, without reservation any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to MTS or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by MTS, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by MTS. I also understand that MTS employs only individuals who are legally eligible to work in the United States.

MTS is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service-member status, race, color, religion, sex, national origin, physical or mental disability, genetic information, or any other category protected by applicable federal, state, or local laws.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature: _____ Date: ____/____/____